

		STATE OF NEW JERSEY APPLICATION FOR PERMIT TO CARRY A HANDGUN	
This form is prescribed by the Superintendent for use by applicants for a Permit to Carry a Handgun. Any alteration to this form is expressly forbidden.		Application must be delivered, in triplicate, to the Chief of Police of the municipality wherein you reside, or to the Superintendent of State Police in all other cases. A money order in the amount of \$20.00 payable to State of New Jersey must accompany this application. Answer all questions. If more space is needed, attach bond paper. Page two must be completed. Four photographs of the applicant, one and one-half inch square, head and shoulders, no hat, light background, taken within the last 30 days must accompany this application.	
<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	Municipal Code 0113	
Each person applying for a Permit to Carry and Handgun must supply a letter of need, specific in content, as to why they have a need to carry a firearm in the State of New Jersey. If this application is employment-related, then your employer must supply this letter. List the reason for this application: Defense of self and family.			
(1) Last Name (If female, include maiden) First Middle Rivera Scott Visitacion		(2) Resident Address (Number - Street - City - State - Zip) [REDACTED]	
(3) Date of Birth Month Day Year [REDACTED]	(4) Age (Place of Birth - City - State or Country) 39 [REDACTED]	(5) U.S. Citizen <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(6) Social Security Number [REDACTED]
(7) Sex Height Weight Eyes Race Hair Complexion M 5'11" 187lbs. Br W Blk Fair	(8) Distinguishing Physical Characteristics 2 Tattoos		
(9) Name of Employer Town of Hammonton		(10) Employer's Address (Number - Street - City - State - Zip) [REDACTED]	
(11) Occupation Assistant Superintendent		(12) Home Telephone [REDACTED]	(13) Business Telephone [REDACTED]
(14) Driver's License Number & State [REDACTED]		(15) If you possess a N.J. Firearms Purchaser ID Card, list the number [REDACTED]	
(16) Have you ever been adjudged a juvenile delinquent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, List Date(s) _____ Place(s) _____ Offense(s) _____	
(17) Have you ever been convicted of a disorderly persons offense, that has not been expunged or sealed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, List Date(s) _____ Place(s) _____ Offense(s) _____	
(18) Have you ever been convicted of a criminal offense, that has not been expunged or sealed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, List Date(s) _____ Place(s) _____ Offense(s) _____	
(19) Have you ever had a firearms purchaser identification card, permit to purchase a handgun, or permit to carry a handgun refused or revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, By Whom? _____ When? _____ Where? _____ Why? _____	
(20) Have you ever had an Employee of Firearms Dealer License refused or revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, By Whom? _____ When? _____ Where? _____ Why? _____	
(21) Are you an Alcoholic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		(22) Have you ever been confined or committed to a mental institution or hospital for treatment or observation of a mental or psychiatric condition on a temporary, interim or permanent basis? If Yes, give the name and location of the institution or hospital and the date(s) of such confinement or commitment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(23) Are you dependent upon the use of any narcotic or other controlled dangerous substance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		(24) Are you now being treated for a drug abuse problem? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(25) Have you ever been attended, treated or observed by any doctor or psychiatrist or at any hospital or mental institution on an inpatient or outpatient basis for any mental or psychiatric conditions? If Yes, give the name & location of the doctor, psychiatrist, hospital or institution and the date(s) of such occurrence. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		(26) Do you suffer from a physical defect or sickness? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(27) If answer to question 26 is yes, does this make it unsafe for you to handle firearms? If not, explain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		(28) Are you subject to any court order issued pursuant to Domestic Violence? If yes, explain: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(29) Have you ever been convicted of any domestic violence in any jurisdiction which involved the elements of (1) striking, kicking, shoving, or (2) purposely or attempting to or knowingly or recklessly causing bodily injury, or (3) negligently causing bodily injury to another with a weapon? If Yes, explain. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		(30) Are you presently, or have you ever been a member of any organization which advocates or approves the commission of acts of violence, either to overthrow the government of the United States or of this State, or to deny others of their rights under the Constitution of either the United States or the State of New Jersey? If yes, list name and address of organization(s) here: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
APPLICANT: DO NOT WRITE BELOW THIS SPACE			
To the Judge of the Superior Court of _____ County: I have investigated or caused to be investigated the applicant, and from the results of such investigation, the applicant is: _____ (Attach investigation Report when submitting to Superior Court.)			
APPROVED <input type="checkbox"/>	This _____ Day of OCT , 20 10 Signature _____ Title _____ Department of Police		Reason for Disapproval <input type="checkbox"/> A. CRIMINAL RECORD <input type="checkbox"/> B. PUBLIC HEALTH SAFETY AND WELFARE <input type="checkbox"/> C. MEDICAL, MENTAL OR ALCOHOLIC BACKGROUND <input type="checkbox"/> D. NARCOTICS/ DANGEROUS DRUG OFFENSE <input type="checkbox"/> E. FALSIFICATION OF APPLICATION <input type="checkbox"/> F. DOMESTIC VIOLENCE <input checked="" type="checkbox"/> G. LACK OF JUSTIFIABLE NEED <input type="checkbox"/> H. OTHER (SPECIFY) _____
DISAPPROVED <input checked="" type="checkbox"/>	The foregoing application, having been presented to me, and the determination made of the sufficiency thereof, and the need of the applicant to carry a handgun, I hereby: <input type="checkbox"/> Grant a permit, pursuant to Section 2C:58-4 of the New Jersey Statutes. <input type="checkbox"/> Deny This _____ Day of _____, 20____ NJ Judge of the Superior Court _____ County _____		GRANTED ON APPEAL <input type="checkbox"/>
S.P. 642 (Rev 02/09) Page One of Two Pages		SBI Number: _____ Permit Number: _____ Restrictions: <input type="checkbox"/> Yes (List on Page 2) <input type="checkbox"/> No	

NOTICE: If Internet form, print Page 1, return to printer and print Page 2 on reverse side.

Endorsement Number One — Reference must have known applicant for a minimum of three years preceding the date of the application.

I am personally acquainted with Scott V. Rivera, the applicant named on page one of this application. I have known Him/Her for the past 30 years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set forth in this application are complete, true and correct in every particular.

Paul J. Sacco

Print or Type Name

Paul J. Sacco

Signature

9/24/2010

Date of Endorsement

No.

Street Address

Hammononton

NJ

08037

City/Town

State

Zip

Home Telephone Number

Business Telephone Number

Endorsement Number Two — Reference must have known applicant for a minimum of three years preceding the date of the application.

I am personally acquainted with Scott V. Rivera, the applicant named on page one of this application. I have known Him/Her for the past 14 years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set forth in this application are complete, true and correct in every particular.

David Tucker

Print or Type Name

David Tucker

Signature

09/01/2010

Date of Endorsement

No.

Street Address

Hammononton

NJ

08037

City/Town

State

Zip

Home Telephone Number

Business Telephone Number

Endorsement Number Three — Reference must have known applicant for a minimum of three years preceding the date of the application.

I am personally acquainted with Scott V. Rivera, the applicant named on page one of this application. I have known Him/Her for the past 7 years to be a person of good moral character and behavior and who is capable of exercising self control. I have reviewed this application and I believe that the answers given by the applicant to the questions set forth in this application are complete, true and correct in every particular.

Gregory Gallaher

Print or Type Name

Gregory Gallaher

Signature

8-31-10

Date of Endorsement

No.

Street Address

Hammononton

NJ

08037

City/Town

State

Zip

Home Telephone Number

Business Telephone Number

MICHELLE RAE MCMAHON

NOTARY PUBLIC

STATE OF NEW JERSEY

MY COMMISSION EXPIRES DECEMBER 17 2014

State of New Jersey

County of Atlantic

SS

Scott V. Rivera

Name of Applicant from page one

being duly sworn, upon oath deposes and states that he/she is the applicant named on page one of this application, that the answers to the questions given on this application are complete, true and correct in every particular.

This 27th Day of September, 2010

Signature of Applicant named on page one

Date of Application

(The disclosure of my social security number is voluntary. Without this number, the processing of my application may be delayed. This number is considered confidential.) I realize that if any of the foregoing answers made by me are false, I am subject to punishment.

Falsification of this form is a crime of the third degree as provided in NJS 2C:39-10c.

SPACE BELOW RESERVED FOR SUPERIOR COURT JUDGE GRANTING PERMIT

List Permit Restrictions Here:

Photograph of
Applicant
1.5 x 1.5 inches